

Disaster Resources Report: COVID-19 Resource Opportunities with Deadlines as of April 30, 2020 [non-supplemental]

The following resources are identified for general informational purposes only and are compiled with publicly available information or with information provided by sources that are publicly obtainable. Please view this document as only a starting point for individual research. The user should always directly consult the provider of a potential resource for current program information and to verify the applicability of a particular program.

Financial Resources

Deadline	Summary	Description	Eligibility Description	Application Process	Funding Information	Contact Information	Recovery Support Function
Apr-30-2020	HHS/SAMHSA - FY20 Rural Emergency Medical Services Training Grant (93.243)	The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment, is accepting applications for fiscal year (FY) 2020 Rural Emergency Medical Services Training grants (Short Title: EMS Training). The purpose of this program is to recruit and train emergency medical services (EMS) personnel in rural areas. SAMHSA recognizes the great need for emergency services in rural areas and the critical role EMS personnel serve across the country.	<p>Eligibility: Local, Nonprofit, Public, Tribe</p> <p>Eligible applicants are rural emergency medical service agencies operated by a local or tribal government (fire-based and non-fire based) and nonprofit emergency medical service agencies.</p> <p>Emergency medical services are resources used by a public or private nonprofit licensed entity to deliver medical care outside of a medical facility under emergency conditions that occur as a result of the condition or the patient. This includes services delivered by an emergency medical services provider or other provider that is licensed or certified by the State involved as an emergency medical technician, a paramedic or an equivalent profession (as determined by the State).</p>		<p>Total Funding: \$5,000,000</p> <p>Award Ceiling: \$200,000</p> <p>Expected Number of Awards: 25</p> <p>Type: Funding Type not identified.</p> <p>Cost Share or Matching Requirement: No</p>	FOACSAT@samhsa.hhs.gov 240-276-1213	[Health and Social Services]
May-01-2020	USDA/FNS - Coronavirus Food Assistance Program (FY2020)	CFAP will use the funding and authorities provided in the Coronavirus Aid, Relief, and Economic Security Act (CARES), the Families First Coronavirus Response Act (FFCRA), and other USDA existing authorities. The program includes two major elements to achieve these goals. Direct Support to Farmers and Ranchers: The program will provide \$16 billion in direct support based on actual losses for agricultural producers where prices and market supply chains have been impacted and will assist producers with additional adjustment and marketing costs resulting from lost demand and short-term oversupply for the 2020 marketing year caused by COVID-19. USDA Purchase and Distribution: USDA will partner with regional and local distributors, whose workforce has been significantly impacted by the closure of many restaurants, hotels, and other food service entities, to purchase \$3 billion in fresh produce, dairy, and meat. We will begin with the procurement of an estimated \$100 million per month in fresh	<p>Eligibility: Federal, Local, State, Territory, Tribe</p> <p>Further details regarding eligibility, rates, and another implementation will be released later. The program's food distribution element will have 3 phases: Jul – Aug 2020 – Options 1, Sep – Oct 2020 – Option 2, Nov – Dec 2020 – Option 3</p>	April 24th – Solicitation for Proposals, May 1st – Proposals Due, May 15th – Offers Awarded, May 15th – Delivery Begins	<p>Total Funding: \$19,000,000,000</p> <p>Award Ceiling: \$100,000,000</p> <p>Expected Number of Awards: Not identified.</p> <p>Type: Supplemental</p> <p>Cost Share or Matching Requirement:</p>	USDAFoodBoxDistributionProgram@usda.gov	[Economic, Health and Social Services, Natural and Cultural Resources]

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		fruits and vegetables, \$100 million per month in a variety of dairy products, and \$100 million per month in meat products. The distributors and wholesalers will then provide a pre-approved box of fresh produce, dairy, and meat products to food banks, community and faith based organizations, and other non-profits serving Americans in need. https://www.usda.gov/media/press-releases/2020/03/26/usda-feeds-kids-helps-families-during-covid-19-emergency					
May-01-2020	HUD - FY20 & FY21 Distressed Cities Technical Assistance	The Distressed Cities Technical Assistance (DCTA) program is designed to improve fiscal health and build administrative capacity of relatively small units of general local government (UGLGs or local governments) that are economically distressed and have been recently impacted by a natural disaster. DCTA considers good fiscal health, strong financial performance, and effective financial management practices to be the foundation for local governments to successfully implement projects and goals. These are viewed as the central components of the technical assistance (TA) offered through this program. Other possible areas of TA under this program include economic stabilization and recovery, federal development programs, affordable housing financing, community engagement practices, cross-sector partnerships, and plan implementation.	Eligibility: Local Only UGLGs are eligible to receive this TA. Please do not submit a request to the Distressed Cities email if you are not a representative of a UGLG.		Total Funding: \$10,000,000 Award Ceiling: Max Award not identified. Expected Number of Awards: 2 Type: Funding Type not identified. Cost Share or Matching Requirement: No	distressedcities@hud.gov 202-402-4328	[Community Planning and Capacity Building, Economic]
May-04-2020	HHS/CDC - FY20 Strengthening Regional Field Epidemiology Training Program Networks (93.318)	Development of a well-trained epidemiologic public health workforce in surveillance, outbreak detection and response is essential in meeting Global Health Security objectives. In partnership with Ministries of Health and other public and private stakeholders, CDC seeks to accelerate progress toward a world safe and secure from infectious disease threats by building workforce capacity through creation and support of regional networks of field epidemiology and training programs (FETPs).	Eligibility: For-Profit Organizations, Local, Nonprofit, Public, Public/Indian Housing Authorities, Public/Private Institutions of Higher Education, State, Territory, Tribe Special district governments; Native American tribal organizations (other than Federally recognized tribal governments); Others; Public housing authorities/Indian housing authorities; Small businesses; For-profit organizations other than small businesses; Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education; County governments; Public and State controlled institutions of higher education; Private institutions of higher education; Unrestricted; Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education; Native American tribal governments (Federally recognized); Independent school districts; State governments;	Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.	Total Funding: \$500,000,000 Award Ceiling: \$83,333,333 (Award Average) Expected Number of Awards: 6 Type: Funding Type not identified. Cost Share or Matching Requirement: No	cwz2@cdc.gov	[Community Planning and Capacity Building, Health and Social Services]

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May-04-2020	HHS/CDC - FY20 Global Health Security Partnerships: Expanding & Improving Public Health Laboratory Strategies & Systems (93.318)	This Notice of Funding Opportunity is to continue to support the implementation and expansion of programs and activities previously funded under CDC-RFA-GH15-1632 that focus on protecting and improving public health globally by building or strengthening public health laboratory capacity to: 1) prevent avoidable epidemics by promoting evidence-based policies and decision making; 2) detect threats early by improving surveillance systems; strengthen laboratory systems to detect, differentiate, and characterize pathogens; train field epidemiologists whose data analysis informs evidence-based policy; investigate outbreaks, and conduct event-based surveillance; and 3) respond effectively to infectious disease threats by creating interconnected robust public health emergency management programs, including emergency operations centers, strengthening the public health workforce, border health security, and scaling up information management and technology infrastructure. Recipients awarded under CDC-RFA-GH15-1632 should apply to build or follow-on to previously funded global health security activities. Additionally, recipients may apply to expand efforts in additional countries with special consideration given to those countries within the regions listed in the funding strategy section of this NOFO. Recipients should be able to modify their activities based on agency prioritization.	City or township governments. Eligibility: For-Profit Organizations, Local, Nonprofit, Public, Public/Indian Housing Authorities, Public/Private Institutions of Higher Education, State, Territory, Tribe Public housing authorities/Indian housing authorities; Private institutions of higher education; Small businesses; For-profit organizations other than small businesses; Public and State controlled institutions of higher education; Special district governments; Others; City or township governments; Unrestricted; Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education; Native American tribal governments (Federally recognized); Native American tribal organizations (other than Federally recognized tribal governments); Independent school districts; State governments; Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education; County governments.	Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.	Total Funding: \$175,000,000 Award Ceiling: \$25,000,000 (Award Average) Expected Number of Awards: 7 Type: Funding Type not identified. Cost Share or Matching Requirement: No	cwz2@cdc.gov	[Community Planning and Capacity Building, Health and Social Services]
May-06-2020	HHS/HRSA - Rural Tribal COVID-19 Response (RTCR) - FY2020	The RTCR program is a Health Resources and Services Administration (HRSA) initiative focused on addressing the novel coronavirus disease (COVID-19). The purpose is to provide maximum flexibility to assist tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes to prevent, prepare for, and respond to the coronavirus and the evolving needs in rural communities. Specifically, this program will provide funding to assist tribes to engage in activities that may include, but are not limited to: establishing testing sites, purchasing test kits, implementing telehealth strategies/activities, purchasing personal protective equipment (PPE) and other supplies, and hiring and/or training health care providers and other health care personnel to provide care for COVID-19 patients. Justification is required of how the RTCR program grant funding will be used over the two-year period of performance. The funding request should align with the COVID-19 related needs and activities identified in the project narrative portion of the application. Reimbursement may be requested of allowable costs incurred retroactive to January 20, 2020. HRSA is permitted to grant pre-award costs per the Office of Management and Budget (OMB) Memorandum M-20-11 for costs incurred from January 20, 2020, to the date of the award.	Eligibility: Healthcare Institution, Tribe Eligible applicants include tribes, tribal organizations, urban Indian health organizations, and health service providers to tribes serving rural communities at risk for COVID-19.	Application Components For this funding opportunity, these are the components that must be included in your submission to have a complete application package: • Attachment 1: Project Narrative • Attachment 2: Budget Narrative • Attachment 3: Map of service area (Optional) • Attachment 4: Any additional supporting documentation (Optional) • SF-424 Application Form • SF-424A Budget Form Project narrative should provide a description of how you propose to meet the needs specific to the rural tribal population you will be serving as they relate to preventing, preparing for, and responding to COVID-19. Activities may include, but are	Total Funding: \$15,000,000 Award Ceiling: \$300,000 Expected Number of Awards: 50 Type: Funding Type not identified. Cost Share or Matching Requirement: No	RuralCOVIDNOFO@hrsa.gov 301-443-3829	[Health and Social Services, Natural and Cultural Resources]

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				not limited to conducting outreach and education within the community, establishing testing sites, purchasing test kits, implementing telehealth, purchasing personal protective equipment (PPE) and other supplies, and the hiring and/or training of health care providers and other health care personnel for delivering care related to COVID-19.			
May-08-2020	CARES Act: HHS/HRSA - Supplemental Awards for Health Centers - FY2020	<p>Provides \$1.32 billion in supplemental funding to community health centers on the front lines of testing and treating patients for COVID-19.</p> <p>Overview</p> <p>Fiscal year (FY) 2020 Coronavirus Aid, Relief, and Economic Security (CARES) supplemental funding provides one-time support to health centers for the detection of coronavirus and/or the prevention, diagnosis, and treatment of COVID-19, including maintaining or increasing health center capacity and staffing levels during a coronavirus-related public health emergency.</p> <p>HRSA provided approximately \$1.3 billion to Health Center Program award recipients. Each CARES supplement was calculated using the following formula:</p> <ul style="list-style-type: none">• Base value of \$503,000, plus• \$15.00 per patient reported in the 2018 Uniform Data System (UDS), plus• \$30.00 per uninsured patient reported in the 2018 UDS. <p>Award Implementation</p> <p>Responding to Your CARES Reporting Requirement</p> <p>Your CARES notice of award includes a reporting requirement to submit information regarding your CARES funding activities and budget. Submit your reply to this CARES Reporting Requirement through the HRSA Electronic Handbooks (EHBs) by 11:59 pm ET on May 8, 2020 (30 days from award). See the Reporting Requirement Guidance for instructions.</p>	<p>Eligibility: Healthcare Institution</p> <p>Community health centers on the front lines of testing and treating patients for COVID-19</p> <p>Intended Beneficiary: Healthcare Institution</p>	<p>Your CARES notice of award includes a reporting requirement to submit information regarding your CARES funding activities and budget. Submit your reply to this CARES Reporting Requirement through the HRSA Electronic Handbooks (EHBs) by 11:59 pm ET on May 8, 2020 (30 days from award).</p> <p>HRSA will host two sessions to help you develop your CARES activities, budget, budget narrative, and minor A/R information to respond to the CARES Reporting Requirement.</p> <p>Session 1: Wednesday, April 22, 2020 2:00-3:00 pm ET https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/cares-q-and-a.pdf</p> <p>Session 2: Monday, April 27, 2020 2:00-3:00 pm ET Conference Line: 888-787-0206 Participant Passcode: 8754397 https://bphc.hrsa.gov/sites/default/files/bphc/programopportunities/lookalike/pdfs/covid-19-cares-q-and-a.pdf</p>	<p>Total Funding: \$1,320,000,000</p> <p>Award Ceiling: Max Award not identified.</p> <p>Expected Number of Awards: Not identified.</p> <p>Type: Supplemental</p> <p>Cost Share or Matching Requirement:</p>	[Economic, Health and Social Services]	
May-11-2020	HHS/OASH - National Infrastructure for Mitigating the Impact of COVID-19 within Racial and Ethnic Minority	<p>The Office of Minority Health (OMH) is offering a funding opportunity to support the development and coordination of a national-state/territorial/tribal-local network of public and community-based organizations that will disseminate COVID-19-related information; disseminate effective response, recovery and resilience strategies; and ensure service linkages for racial and ethnic minority, rural and disadvantaged communities hardest hit by the COVID-19 pandemic. OMH</p>	<p>Eligibility: Federal, Healthcare Institution, Households, Individuals, Local, Nonprofit, Public, Public/Indian Housing Authorities, State, Territory, Tribe</p> <p>All Applicants are eligible except for Private institutions of higher</p>		<p>Total Funding:</p> <p>Award Ceiling: \$22,000,000</p> <p>Expected Number of Awards: 1</p> <p>Type:</p>	Juliet.bui@hhs.gov 240-453-6166	[Health and Social Services, Infrastructure Systems]


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	Communities - FY2020	<p>expects funding to be used to: 1) develop a strategic information dissemination network of national, state, tribal, territorial and local organizations who are trusted and usual information sources for racial and ethnic minority, rural and disadvantaged communities, including State Offices of Minority Health; 2) develop and disseminate culturally and linguistically diverse multi-media outreach and education, via a variety of communication methods, through the information dissemination network; 3) identify states/tribes/territories with geographic high impact areas of racial and ethnic minority, rural and disadvantaged individuals at substantially greater risk for COVID-19 infection and adverse outcomes (e.g., due to prevalence of underlying health conditions such as hypertension, heart disease, diabetes, obesity, asthma, and COPD/lung disease; structural and systemic barriers to physical distancing; challenges to accessing healthcare and social services; etc.); 4) partner with community-based organizations (CBOs) who are trusted voices within these high impact areas to disseminate public health messaging and link at-risk individuals to testing, healthcare and social services; 5) identify and disseminate successful state, tribal, territorial and local strategies addressing immediate response, recovery and resilience for racial and ethnic minority, rural and disadvantaged populations; 6) develop and implement a monitoring, evaluation and quality improvement plan; and 7) document and disseminate project findings, including successes and lessons learned. OMH will fund one award annually for a project period of up to 3 years and up to a total project budget of \$40,000,000. Successful applicants will be required to meet performance metrics developed with and agreed to by OMH.</p> <p>BACKGROUND: Emerging data suggests racial and ethnic minority populations are experiencing disproportionate impact and worse health outcomes from COVID-19. Past public health crises, like the H1N1 pandemic and Zika epidemic, have demonstrated and amplified the vulnerability of these populations. Specifically, when combined with a greater baseline prevalence of underlying health conditions, a public health crisis like COVID-19 further exacerbates the higher morbidity and mortality for racial and ethnic minority communities. Due to lack of resources and limited capacity to provide healthcare and social services, rural communities are also vulnerable to adverse COVID-19 outcomes in the immediate and long term. To mitigate the effects of COVID-19, engagement of trusted messengers and state, tribal, territorial and community partners is critical to ensuring rapid coordination and connection of racial and ethnic minority, rural and disadvantaged communities with culturally and linguistically diverse information and needed healthcare and social services.</p>	education; For Profit Organizations other than Small Businesses; Small Businesses; and Unrestricted (i.e., open to any type of entity above) Additional Eligibility Information: U.S. territories; private non-profit institutions of higher education are eligible.		Funding Type not identified. Cost Share or Matching Requirement: No		
May-11-2020	CARES Act:	NEH invites applications from eligible organizations seeking	Eligibility: Academic Institution,	The period of performance may	Total Funding: \$35,000,000	questions@neh.gov	[Health and Social


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	NEH - Cultural Organizations - FY2020	support for at-risk humanities positions and projects that have been impacted by the coronavirus. Through this funding opportunity, NEH will award grants to museums, libraries and archives, historic sites, independent research institutions, professional organizations, colleges and universities, and other cultural organizations across the country to help these entities continue to advance their mission during the interruption of their operations due to the coronavirus pandemic. The Coronavirus Aid, Relief, and Economic Security (CARES) Act recognizes that the nonprofit humanities sector is an essential component of America's economic and civic life. The National Endowment for the Humanities (NEH) has received supplemental funding to provide emergency relief to institutions and organizations working in the humanities that have been affected by the coronavirus. In keeping with Congress's intent in enacting the CARES Act, proposed short-term projects should emphasize retaining or hiring humanities staff.	Local, Nonprofit, Public/Private Institutions of Higher Education, State, Tribe City or township governments Public and State controlled institutions of higher education Special district governments Private institutions of higher education State governments Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education Native American tribal governments (Federally recognized) County governments	begin as early as June 15, 2020 and must end on or before December 31, 2020..	Award Ceiling: \$300,000 Expected Number of Awards: 600 Type: Supplemental Cost Share or Matching Requirement:		Services]
May-12-2020	HHS/ACL - FY20 National Technical Assistance Resource Center on Emergency Preparedness, Response, & Recovery for Individuals with Developmental Disabilities (93.631)	The needs of individuals with intellectual and developmental disabilities who are reliant on complex community support systems to remain independent and live in the community are not adequately addressed during disaster and emergency preparedness planning. Disaster and emergency planning may not address whether individuals with disabilities have access to proper food and/or water, accessible transportation for evacuation and sheltering, access to reasonable accommodations i.e. wheelchair accessible restrooms, durable medical equipment, prescribed medications, and accessible signage. Thus, disaster and emergency planning that addresses the unique needs of individuals with disabilities during each phase (mitigation, preparedness, response and recovery) of emergency planning process, is critical. Making this a priority for all State and local emergency agencies helps to support the safety of individuals with intellectual and developmental disabilities during a disaster or emergency as well as ensure that adequate supports are provided during each phase of the emergency process. To accomplish this, the Administration on Intellectual and Developmental Disabilities (AIDD) within the Administration on Disabilities, Administration for Community Living, U.S. Department of Health and Human Services (HHS), plans to fund one cooperative agreement to establish a national technical assistance and resource center. The aim of the center will be to provide direct assistance and guidance to States and Territories to plan and build upon existing state emergency plans and improve their capacity to better address access and functional needs, safety needs, access to adequate supports for individuals with disabilities (in response and recovery) during an emergency or disaster. Additionally, the center will aim to provide technical assistance, resources,	Eligibility: Local, Nonprofit, Public, Public/Indian Housing Authorities, Public/Private Institutions of Higher Education, State, Territory, Tribe State governments; Public and State controlled institutions of higher education; City or township governments; Independent school districts; Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education; County governments; Private institutions of higher education; Native American tribal organizations (other than Federally recognized tribal governments); Public housing authorities/Indian housing authorities; Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education; Special district governments; Native American tribal governments (Federally recognized). Eligible applicants also include: Hispanic Serving Institutions; Historically Black Colleges and Universities (HBCUs); Tribally Controlled Colleges and Universities (TCCUs); Alaska Native and Hawaiian Serving Institutions.	Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.	Total Funding: \$300,000 Award Ceiling: \$300,000 Expected Number of Awards: 1 Type: Funding Type not identified. Cost Share or Matching Requirement: No	Elizabeth.Leef@acl.gov 202-475-2482	[Community Planning and Capacity Building, Health and Social Services]

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		and information at the State, Federal, and local level as a part of the planning, response and recovery efforts.					
May-15-2020	CARES Act: DHS/FEMA - Firefighter Grants - FY2020/FY2021	For an additional amount for Federal Assistance, \$400,000,000, to remain available until September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally: Provided, That of the amount provided under this heading in this Act, \$100,000,000 shall be for Assistance to Firefighter Grants for the purchase of personal protective equipment and related supplies, including reimbursements; \$100,000,000 shall be for Emergency Management Performance Grants; and \$200,000,000 shall be for the Emergency Food and Shelter Program: Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)  of the Balanced Budget and Emergency Deficit Control Act of 1985. Program Purpose: \$100,000,000 shall be for Assistance to Firefighter Grants for the purchase of personal protective equipment and related supplies, including reimbursements; \$100,000,000 shall be for Emergency Management Performance Grants; and \$200,000,000 shall be for the Emergency Food and Shelter Program FEMA will begin accepting applications for the Fiscal Year 2020 Assistance to Firefighters Grant- COVID-19 Supplemental Program (AFG-S) on Tuesday, April 28. The deadline for applications is May 15. AFG-S provides direct financial assistance to eligible fire departments, nonaffiliated emergency medical service organizations and state fire training academies.	Eligibility: Local, State, Territory, Tribe SLTTs (fire-fighters)	Period of Performance: Twelve months from the date of award. For additional information on period of performance extensions, refer to Section H. Projected Period of Performance Start Date(s): May 30, 2020 Projected Period of Performance End Date(s): May29, 2021	Total Funding: \$400,000,000 Award Ceiling: Max Award not identified. Expected Number of Awards: Not identified. Type: Supplemental Cost Share or Matching Requirement:	firegrants@fema.dhs.gov 866-274-0960	[Community Planning and Capacity Building]
May-29-2020	CARES Act: DOJ/OJP - State and Local Law Enforcement Assistance	The Coronavirus Emergency Supplemental Funding (CESF) Program will provide funding to assist eligible states, local units of government, and tribes in preventing, preparing for, and responding to the coronavirus. State and Local Allocations: https://bja.ojp.gov/program/cesf/state-and-local-allocations Awards to date: https://bja.ojp.gov/program/cesf/awards Permissible Uses of Funds Funds awarded under the CESF Program must be utilized to prevent, prepare for, and respond to the coronavirus. Allowable projects and purchases include, but are not limited to, overtime, equipment (including law enforcement and medical personal protective equipment), hiring, supplies (such as gloves, masks, sanitizer), training, travel expenses (particularly related to the distribution of resources to the most impacted areas), and addressing the medical needs of inmates in state, local, and tribal prisons, jails, and detention centers. CARES Act Text:	Eligibility: Local, State, Territory, Tribe Awarded pursuant to the formula allocation (adjusted in proportion to the relative amounts statutorily designated therefor) that was used in fiscal year 2019 for the Edward Byrne Memorial Justice Assistance Grant program as authorized by subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Acts of 1968 (1968 Act) Intended Beneficiary: SLTT		Total Funding: \$850,000,000 Award Ceiling: Max Award not identified. Expected Number of Awards: Not identified. Type: Supplemental Cost Share or Matching Requirement:		[Economic]

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		For an additional amount for State and Local Law Enforcement Assistance, \$850,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally, to be awarded pursuant to the formula allocation (adjusted in proportion to the relative amounts statutorily designated therefor) that was used in fiscal year 2019 for the Edward Byrne Memorial Justice Assistance Grant program as authorized by subpart 1 of part E of title I of the Omnibus Crime Control and Safe Streets Acts of 1968 (1968 Act): Provided, That the allocation provisions under sections 505(a) through (e) and the special rules for Puerto Rico under section 505(g), and section 1001(c), of the 1968 Act, shall not apply to the amount provided under this heading in this Act: Provided further, That awards hereunder, shall not be subject to restrictions or special conditions that are the same as (or substantially similar to) those, imposed on awards under such subpart in fiscal year 2018, that forbid interference with Federal law enforcement: Provided further, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)  of the Balanced Budget and Emergency Deficit Control Act of 1985. Program Purpose: To prevent, prepare for, and respond to coronavirus, domestically or internationally					
May-29-2020	DOS/BISN - Combatting COVID-19 Pandemic and Proliferation Threats - FY2020	Build EXBS partner capacity to continue to safely prevent, contain, and mitigate threats and impacts posed by the rapid spread of destabilizing biological and chemical threats at national borders and points of entry, including infectious diseases such as COVID-19.	Eligibility: Academic Institution, Nonprofit, Public/Private Institutions of Higher Education Eligibility for this NOFO is limited to educational and research institutions and U.S. not-for-profit/non-governmental organizations (NGOs) subject to section 501 (c) (3) of the U.S. tax code, foreign educational and research institutions, and foreign not-for-profits/NGOs/social enterprises and international NGOs and PIOs.		Total Funding: \$15,000,000 Award Ceiling: \$5,000,000 Expected Number of Awards: 20 Type: Funding Type not identified. Cost Share or Matching Requirement: No		[Community Planning and Capacity Building, Health and Social Services, Natural and Cultural Resources]
May-31-2020	Coronavirus Preparedness and Response Supplemental Appropriations Act: HHS/CDC - Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (93.391)	On March 6, 2020, the President signed into law the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123). This act provides funding to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19). To support tribal public health emergency response to COVID-19, the Centers for Disease Control and Prevention (CDC) is announcing a new, non-competitive grant CDC-RFA-OT20-2004 Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response. CDC is awarding at least \$40,000,000 under this funding opportunity to Title I and Title V tribal nations to strengthen the tribal public health system to carry out surveillance, epidemiology, laboratory capacity,	Eligibility: Tribe Native American tribal governments (Federally recognized) Native American tribal organizations (other than Federally recognized tribal governments)	Approximate Period of Performance Length: 1 year(s)	Total Funding: \$40,000,000 Award Ceiling: \$1,500,000 Expected Number of Awards: 574 Type: Supplemental Cost Share or Matching Requirement: No	mhm9@cdc.gov 770-488-2591	[Health and Social Services, Natural and Cultural Resources]

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		infection control, mitigation, communications, and other preparedness and response activities in response to COVID-19. CDC is committed to helping ensure that tribal jurisdictions have adequate resources for an appropriate COVID-19 response. The continued support for and expansion of critical public health activities at the tribal level are essential to meet the needs in this quickly evolving response. Funds from this funding opportunity will be made available for a variety of activities including, but not limited to: Emergency operations and coordination activities (e.g., establishing emergency operations centers, incident management systems, continuity of operations plans, etc.); Public health management and risk assessment of travelers and others with potential COVID-19 exposure; equipment, supplies, shipping activities, or others to strengthen jurisdictional recovery; Laboratory, surveillance, and epidemiologic (e.g., case identification) activities, data management activities, and others to strengthen bio surveillance; Risk communications activities, distribution and use of medical material, and others to strengthen information management; Activities to strengthen countermeasures and mitigation (e.g., storage and distribution systems, inventory management systems, points of dispensing (POD) alternative nodes, etc.; Surge staffing activities, infection control activities and others to strengthen surge management; and Other preparedness and response activities.					
Jun-01-2020	HHS/ACL - FY20 Advancing Community Integrated Health Networks & State Leadership in No Wrong Door Systems (93.048)	Health care providers and systems are increasingly interested in approaches that address both the medical needs and social determinants of health (SDOH). Early efforts to address SDOH occurred within separate delivery systems, with health care providers tackling individuals' medical needs and community-based organizations (CBOs) addressing social, functional, and environmental needs. There is a time-sensitive window of opportunity to advance a person-centered, value-based payment model in healthcare that incorporates social services and expands the reach to serve more populations. The leadership of state aging and disability agencies can play a critical role in supporting the synchronization of community services and health care systems by enhancing a statewide No Wrong Door (NWD) System approach for all populations across multiple payers. In addition to state level leadership, CBOs can also play a vital role in facilitating integrated care across health care and social services. CBOs have unmatched expertise in understanding local culture and needs, service coordination and delivery, and securing benefits, services and supports that maximize independence. The Funding Opportunity Announcement offers two opportunities for innovation in network development and NWD System infrastructure: 1. Develop and enhance a governance and	Eligibility: State, Territory State governments.	Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.	Total Funding: \$4,676,676 Award Ceiling: \$465,000 Expected Number of Awards: 10 Type: Funding Type not identified. Cost Share or Matching Requirement: No	gilbert.thompson@acl.hhs.gov 202-795-7344	[Health and Social Services]

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		<p>administration structure to establish state leadership and management of NWD System functions in order to coordinate, strengthen, and streamline access to home and community-based services and supports. This includes expanding opportunities to collaborate with state leaders across Medicaid, nutrition, housing, transportation, employment, and other sectors to proactively and strategically align state resources to address social determinants of health; and</p> <p>2. Support community based organizations in becoming network lead entities in order to formalize partnerships with health care systems. A network lead entity is an organization that helps to create a community integrated health network at the community, regional, statewide or multi-state level that directs the development and design of a network structure and facilitates services, administrative oversight, and governance responsibilities.</p>					
Jun-01-2020	HHS/CDC - Accelerating Public Health Data Modernization (93.323)	<p>In response to a new FY2020 Congressional appropriation, this funding opportunity will support jurisdictions in developing and deploying world-class data and analytic capacity that scale rapidly in emergencies, provide forecasting capability to identify emerging threats, and ensure bidirectional information flow with health information systems. The work focuses on accelerating modernization and interoperability through enhancements in workforce and data sharing, quality, management, and use. This work will improve the translation of data into information to inform public health action and improve health outcomes. These efforts will reduce the burden on public health and healthcare partners, and promote a nimbler, faster, and more effective U.S. public system. The approach includes:</p> <ul style="list-style-type: none"> • Providing a focal point to lead data modernization and information systems interoperability for the jurisdiction and to be principally responsible for the work associated with this cooperative agreement; • Support for an assessment of the state of public health workforce and data and health information systems to identify opportunities for modernization and reduce barriers to data sharing; • Augment workforce development and capacity; • Support for specific enhancements in public health data and health information systems and processes that complement but do not duplicate those funded by existing cooperative agreements; and • Facilitating use of shared services across public health. 	<p>Eligibility: Local, State, Territory, Tribe</p> <p>Native American tribal governments (Federally recognized); State governments; County governments; Special district governments; City or township governments; Others.</p>	Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.	<p>Total Funding: \$750,000,000</p> <p>Award Ceiling: \$11,538,462 (Award Average)</p> <p>Expected Number of Awards: 65</p> <p>Type: Funding Type not identified.</p> <p>Cost Share or Matching Requirement: No</p>	hft9@cdc.gov 404-498-2466	[Health and Social Services]

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Jun-12-2020	DOD/USAMRAA - CDMRP PRMRP Technology/Therapeutic Development Award for Emerging Viral Diseases and Respiratory Health - FY2020	<p>The PRMRP Technology/Therapeutic Development Award is a product-driven award mechanism intended to provide support for the translation of promising preclinical findings into products for clinical applications in one or more Focus Areas published in this funding opportunity for the FY20 PRMRP Topic Areas of Emerging Viral Diseases and/or Respiratory Health. Products in development should be responsive to the healthcare needs of military Service members, Veterans, and/or beneficiaries.</p> <p>The product(s) to be developed may be a tangible item such as a pharmacologic agent (drugs or biologics) or device, or a knowledge-based product. (A "Knowledge Product" is a non-materiel product that addresses an identified need in a Topic Area, is based on current evidence and research, aims to transition into medical practice, training, tools, or to support materiel solutions [systems to develop, acquire, provide, and sustain medical solutions and capabilities], and educates or impacts behavior throughout the continuum of care, including primary prevention of negative outcomes.) The Principal Investigator (PI) must provide a transition plan (including potential funding and resources, see Attachment 8) showing how the product will progress to the next level of development (e.g., clinical trials, delivery to the military or civilian market) after the completion of the PRMRP award. PIs are encouraged to develop relationships with industry and/or other funding agencies to facilitate moving the product into the next phase of development.</p> <p>Proof of concept demonstrating the potential utility of the proposed product, or a prototype/ preliminary version of the proposed product, should already be established. Applications must include relevant data that support the rationale for the proposed study. These data may be unpublished and/or from the published literature.</p>	<p>Eligibility: Academic Institution, Federal, For-Profit Organizations, Large Business, Local, Public/Private Institutions of Higher Education, State</p> <p>Government Agencies Within the United States: Local, state, and Federal Government agencies are eligible to the extent that applications do not overlap with their fully funded internal programs. Such agencies are required to explain how their applications do not overlap with their internal programs.</p> <p>As applications for this Program Announcement may be submitted by extramural and intramural organizations, these terms are defined below.</p> <p>Extramural Organization: An eligible non-DoD organization. Examples of extramural organizations include academic institutions, biotechnology companies, foundations, Federal Government organization other than the DoD, and research institutes.</p>	<p>The maximum period of performance is 4 years.</p> <p>If the proposed research does not specifically address at least one of the Focus Areas, the Government will administratively withdraw the application.</p>	<p>Total Funding: \$25,000,000</p> <p>Award Ceiling: \$6,250,000</p> <p>Expected Number of Awards: 4</p> <p>Type: Funding Type not identified.</p> <p>Cost Share or Matching Requirement: No</p>	<p>help@eBRAP.org 301-682-5507</p>	[Economic, Health and Social Services]
Jun-12-2020	DOD/USAMRAA - CDMRP PRMRP Investigator-Initiated Research Award for Emerging Viral Diseases and Respiratory Health - FY2020	<p>The PRMRP Investigator-Initiated Research Award is intended to support studies that will make an important contribution toward research and/or patient care in one or more Focus Areas published in this Funding Opportunity for the FY20 PRMRP Topic Areas of Emerging Viral Diseases and/or Respiratory Health.</p> <p>The rationale for a research idea may be derived from a laboratory discovery, population-based studies, a clinician's first-hand knowledge of patients, or anecdotal data. Applications must include relevant data that support the rationale for the proposed study. These data may be unpublished or from the published literature.</p> <p>Impact: The Investigator-Initiated Research Award is designed to support research with the potential to yield highly impactful data that could lead to critical discoveries or major advancements. The application must clearly demonstrate the project's potential short-term and long-term outcome(s)/product(s) (knowledge and/or materiel) and how</p>	<p>Eligibility: Academic Institution, Federal, For-Profit Organizations, Large Business, Local, Public/Private Institutions of Higher Education, State</p> <p>Organization: All organizations, including international organizations, are eligible to apply.</p> <p>Government Agencies Within the United States: Local, state, and Federal Government agencies are eligible to the extent that applications do not overlap with their fully funded internal programs. Such agencies are required to explain how their applications do not overlap with their internal programs.</p>	<p>The maximum period of performance is 4 years.</p>	<p>Total Funding: \$12,000,000</p> <p>Award Ceiling: \$3,000,000</p> <p>Expected Number of Awards: 4</p> <p>Type: Funding Type not identified.</p> <p>Cost Share or Matching Requirement: No</p>	<p>help@eBRAP.org 301-682-5507</p>	[Economic, Health and Social Services]

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		<p>they will impact a critical problem or question in the field of research and/or patient care in one or more Focus Areas published in this funding opportunity for the FY20 PRMRP Topic Area(s) of Emerging Viral Diseases and/or Respiratory Health.</p> <p>Research projects may focus on any phase of research from basic laboratory research through translational research, including preclinical studies in animal models and human subjects, as well as correlative studies associated with an existing clinical trial. Research involving human subjects and human anatomical substances is permitted; however, this award may not be used to conduct clinical trials. For more information on how to distinguish clinical research from clinical trials, see the Human Subject Resource Document at https://ebrap.org/eBRAP/public/Program.htm.</p>	<p>As applications for this Program Announcement may be submitted by extramural and intramural organizations, these terms are defined below.</p> <p>Extramural Organization: An eligible non-DoD organization. Examples of extramural organizations include academic institutions, biotechnology companies, foundations, Federal Government organization other than the DoD, and research institutes.</p> <p>Intramural DoD Organization: A DoD laboratory, DoD military treatment facility, and/or DoD activity embedded within a civilian medical center.</p> <p>Intramural Submission: Application submitted by a DoD organization for an intramural investigator working within a DoD laboratory or military treatment facility or in a DoD activity embedded within a civilian medical center.</p>				
Jun-15-2020	HHS/HRSA - Telehealth Network Grant Program (93.211)	<p>This notice announces the opportunity to apply for funding under the Telehealth Network Grant Program (TNGP). The funding opportunity is aimed towards promoting rural Tele-emergency services with an emphasis on tele-stroke, tele-behavioral health, and Tele-Emergency Medical Services (Tele-EMS). This will be achieved by enhancing telehealth networks to deliver 24-hour Emergency Department (ED) consultation services via telehealth to rural providers without emergency care specialists.</p> <p>These services may include assessment of patients upon admission to the ED, interpretation of patient symptoms and clinical tests or data, supervision of providers administering treatment or pharmaceuticals, or coordination of patient transfer from the local ED. The overarching goals for the Telehealth Network Grant Program are to:</p> <ul style="list-style-type: none"> Expand access to, coordinate, and improve the quality of health care services; Improve and expand the training of health care providers; and Expand and improve the quality of health information available to health care providers, and patients and their families, for decision-making. 	<p>Eligibility: For-Profit Organizations, Local, Nonprofit, Tribe</p> <p>Eligible applicants include rural or urban nonprofit entities that will provide direct clinical services through a telehealth network. Each entity participating in the networks may be a nonprofit or for-profit entity. Faith-based, community-based organizations, and tribal organizations are eligible to apply. Services must be provided to rural areas, although the applicant can be located in an urban area.</p>	Period of Performance: September 1, 2020 through August 31, 2024 (4 years)	<p>Total Funding: \$8,700,000</p> <p>Award Ceiling: \$300,000</p> <p>Expected Number of Awards: 29</p> <p>Type: Funding Type not identified.</p> <p>Cost Share or Matching Requirement: No</p>	cmena@hrsa.gov 301-443-3198	[Community Planning and Capacity Building, Economic, Health and Social Services]
Jun-22-2020	DOD/USAMRAA - CDMRP PRMRP Clinical	<p>The PRMRP Clinical Trial Award supports the rapid implementation of clinical trials with the potential to have a significant impact in one or more of the Focus Areas published</p>	<p>Eligibility: Academic Institution, Federal, For-Profit Organizations, Large Business, Local, Public/Private</p>	The maximum period of performance is 4 years.	<p>Total Funding: \$30,000,000</p> <p>Award Ceiling: \$6,000,000</p>	help@eBRAP.org 301-682-5507	[Economic, Health and Social Services]


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	Trial Award for Emerging Viral Diseases and Respiratory Health - FY2020	in this funding opportunity for the FY20 PRMRP Congressionally specified Topic Areas of Emerging Viral Diseases and Respiratory Health. Clinical trials may be designed to evaluate promising new products, pharmacologic agents (drugs or biologics), devices, clinical guidance, and/or emerging approaches and technologies. Proposed projects may range from small proof-of-concept trials (e.g., pilot, first in human, Phase 0), to demonstrate feasibility or inform the design of more advanced trials, through large-scale trials to determine efficacy in relevant patient populations. Funding from this award mechanism must support a clinical trial and cannot be used for animal studies. A clinical trial is defined as a research study in which one or more human subjects are prospectively assigned to one or more interventions (which may include placebo or other control) to evaluate the effects of the interventions on biomedical or behavioral health-related outcomes. This outcome represents a direct effect on the subject of that intervention or interaction. The term "human subjects" is used in this Program Announcement to refer to individuals who will be recruited for or who will participate in the proposed clinical trial. For more information, a Human Subject Resource Document is provided at https://ebrap.org/eBRAP/public/Program.htm . Applicants seeking funding for a preclinical research project should consider one of the other FY20 PRMRP Program Announcements being offered.	Institutions of Higher Education Organization: All organizations, including international organizations, are eligible to apply. Government Agencies Within the United States: Local, state, and Federal Government agencies are eligible to the extent that applications do not overlap with their fully funded internal programs. Such agencies are required to explain how their applications do not overlap with their internal programs.		Expected Number of Awards: 5 Type: Funding Type not identified. Cost Share or Matching Requirement: No		
Jun-29-2020	HHS/NIH - FY20 Partnerships for Countermeasures Against Select Pathogens (93.855)	The purpose of this Funding Opportunity Announcement (FOA) is to solicit research applications for milestone-driven projects focused on preclinical development of lead candidate therapeutics, vaccines and related countermeasures against select NIAID Emerging Infectious Diseases/Pathogens. Applications must include a Product Development Strategy attachment and demonstrate substantive investment by at least one industrial participant.	Eligibility: For-Profit Organizations, Local, Nonprofit, Public, Public/Indian Housing Authorities, Public/Private Institutions of Higher Education, State, Territory, Tribe State governments; Public housing authorities/Indian housing authorities; County governments; Native American tribal governments (Federally recognized); Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education; For-profit organizations other than small businesses; City or township governments; Public and State controlled institutions of higher education; Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education; Others; Small businesses; Special district governments; Private institutions of higher education; Independent school districts; Native American tribal organizations (other	The scope of the proposed project should determine the project period. The maximum project period is 5 years.	Total Funding: \$10,500,000 Award Ceiling: \$1,050,000 Expected Number of Awards: Not identified. Type: Funding Type not identified. Cost Share or Matching Requirement: No	FBOWebmaster@O D.NIH.GOV	[Health and Social Services]

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			<p>than Federally recognized tribal governments).</p> <p>Other Eligible Applicants include the following: Alaska Native and Native Hawaiian Serving Institutions; Asian American Native American Pacific Islander Serving Institutions (AANAPISIs); Eligible Agencies of the Federal Government; Faith-based or Community-based Organizations; Hispanic-serving Institutions; Historically Black Colleges and Universities (HBCUs); Indian/Native American Tribal Governments (Other than Federally Recognized); Non-domestic (non-U.S.) Entities (Foreign Organizations); Regional Organizations; Tribally Controlled Colleges and Universities (TCCUs); U.S. Territory or Possession.</p>				
Jun-30-2020	EPA/SEJCA: State Environmental Justice Cooperative Agreement Program - COVID-19 Projects - FY2020	<p>The U.S. Environmental Protection Agency (EPA) is working to improve the environment and public health conditions of low-income and minority communities. EPA also continues to make effective responses to COVID-19 issues a top priority. As part of these efforts, this notice announces EPA re-opening the State Environmental Justice Cooperative Agreement Program (SEJCA) and the availability of funds for US States, Territories, Tribal Governments, and local governments to propose projects focusing on COVID-19 and other areas as identified in Section I. The SEJCA program provides funding to eligible entities to work collaboratively with underserved communities to understand, promote and integrate approaches to provide meaningful and measurable improvements to public health and/or the environment in those communities. For purposes of this announcement, the term “underserved community” refers to a community with environmental justice concerns and/or vulnerable populations, including minority, low income, rural, tribal, indigenous, and homeless populations.</p>	<p>Eligibility: Local, State, Territory, Tribe</p> <p>This opportunity is open to State, Territorial, Tribal and local government agencies.</p>	<p>Mandatory Documents:</p> <ol style="list-style-type: none"> 1. Application for Federal Assistance (SF-424) 2. Budget Information for Non-Construction Programs (SF-424A) 3. EPA Form 4700-4 Pre-award Compliance Review Report 4. EPA Key Contacts Form 5700-54 5. Workplan (Project Narrative Attachment Form)-prepared as described in Section IV of the announcement <p>Optional Documents:</p> <ol style="list-style-type: none"> i. Itemized Budget Sheet ii. Environmental Results / Logic Model iii. Letters of Commitment from Partners iv. Resumes of the Project Manager (PM) and other key personnel) 	<p>Total Funding: \$1,000,000</p> <p>Award Ceiling: \$200,000</p> <p>Expected Number of Awards: 5</p> <p>Type: Funding Type not identified.</p> <p>Cost Share or Matching Requirement: No</p>	<p>Burney.Jacob@epa.gov 202-564-2907</p>	<p>[Health and Social Services, Natural and Cultural Resources]</p>
Jul-01-2020	CARES Act: DOEEd - Education	<p>\$30.75 billion to support State, Territory and Tribal K-12 and higher education systems in the coming months. Program allocations:</p>	<p>Eligibility: Academic Institution, Public/Private Institutions of Higher Education, State, Territory, Tribe</p>	<p>SEAs have until July 1, 2020, to apply for ESSER funds by submitting a simple signed</p>	<p>Total Funding: \$30,750,000,000</p> <p>Award Ceiling:</p>		<p>[Economic]</p>

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	Stabilization Fund - FY2020/FY2021	<ul style="list-style-type: none"> • Not more than \$153.75 million for outlying territories • \$153.75 million for DOI Bureau of Indian Education • \$307.5 million for states with highest Coronavirus burden <ul style="list-style-type: none"> ◦ \$180 million for the Rethink K-12 School Models Competitive Grant ◦ \$127.5 million for the Reimagining Workforce Preparation Competitive Grant • \$2.95 billion for Governors Emergency Education Relief Fund • \$13.5 billion for Elementary and Secondary School Emergency Relief Fund • \$14.25 billion for the Higher Education Emergency Relief Fund <p>Please see individual program sub-pages for application deadlines and procedures.</p> <p>Allocations by state: https://oese.ed.gov/files/2020/04/GEER-Fund-State-Allocations-Table.pdf https://oese.ed.gov/files/2020/04/ESSER-Fund-State-Allocations-Table.pdf https://www2.ed.gov/about/offices/list/oep/allocationsforsection18004a1ofcaresact.pdf https://www2.ed.gov/about/offices/list/oep/allocationstableinstitutionalportion.pdf https://www2.ed.gov/about/offices/list/oep/allocationshbcutccumsisip.xlsx https://www2.ed.gov/about/offices/list/oep/allocationsfipse.pdf</p> <p>CARES Act text: For an additional amount for Education Stabilization Fund, \$30,750,000,000, to remain available through September 30, 2021, to prevent, prepare for, and respond to coronavirus, domestically or internationally: Provided, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A)  of the Balanced Budget and Emergency Deficit Control Act of 1985. General Provisions education stabilization fund Sec. 18001. (a) Allocations.—From the amount made available under this heading in this Act to carry out the Education Stabilization Fund, the Secretary shall first allocate— (1) not more than 1/2 of 1 percent to the outlying areas on the basis of their respective needs, as determined by the Secretary, in consultation with the Secretary of the Interior; (2) one-half of 1 percent for the Secretary of Interior, in consultation with the Secretary of Education, for programs operated or funded by the Bureau of Indian Education; and (3) 1 percent for grants to States with the highest coronavirus burden to support activities under this heading in this Act, for</p>	Intended Beneficiary: SLTT	Certification and Agreement form to ESSERF@ed.gov	<p>Max Award not identified.</p> <p>Expected Number of Awards: Not identified.</p> <p>Type: Supplemental</p> <p>Cost Share or Matching Requirement:</p>		
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		<p>which the Secretary shall issue a notice inviting applications not later than 30 days of enactment of this Act and approve or deny applications not later than 30 days after receipt.</p> <p>(b) Reservations.—After carrying out subsection (a), the Secretary shall reserve the remaining funds made available as follows:</p> <p>(1) 9.8 percent to carry out section 18002 of this title.</p> <p>(2) 43.9 percent to carry out section 18003 of this title.</p> <p>(3) 46.3 percent to carry out section 18004 of this title.</p> <p>governor’s emergency education relief fund</p> <p>Sec. 18002. (a) Grants.—From funds reserved under section 18001(b)(1) of this title, the Secretary shall make Emergency Education Relief grants to the Governor of each State with an approved application. The Secretary shall issue a notice inviting applications not later than 30 days of enactment of this Act and shall approve or deny applications not later than 30 days after receipt.</p> <p>(b) Allocations.—The amount of each grant under subsection (a) shall be allocated by the Secretary to each State as follows:</p> <p>(1) 60 percent on the basis of their relative population of individuals aged 5 through 24.</p> <p>(2) 40 percent on the basis of their relative number of children counted under section 1124(c) of the Elementary and Secondary Education Act of 1965 (referred to under this heading as “ESEA”).</p> <p>(c) Uses of funds.—Grant funds awarded under subsection (b) may be used to—</p> <p>(1) provide emergency support through grants to local educational agencies that the State educational agency deems have been most significantly impacted by coronavirus to support the ability of such local educational agencies to continue to provide educational services to their students and to support the on-going functionality of the local educational agency;</p> <p>(2) provide emergency support through grants to institutions of higher education serving students within the State that the Governor determines have been most significantly impacted by coronavirus to support the ability of such institutions to continue to provide educational services and support the on-going functionality of the institution; and</p> <p>(3) provide support to any other institution of higher education, local educational agency, or education related entity within the State that the Governor deems essential for carrying out emergency educational services to students for authorized activities described in section 18003(d)(1) of this title or the Higher Education Act, the provision of child care and early childhood education, social and emotional support, and the protection of education-related jobs.</p> <p>(d) Reallocation.—Each Governor shall return to the Secretary any funds received under this section that the Governor does not award within one year of receiving such funds and the</p>					
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		<p>Secretary shall reallocate such funds to the remaining States in accordance with subsection (b).</p> <p>elementary and secondary school emergency relief fund</p> <p>Sec. 18003. (a) Grants.—From funds reserved under section 18001(b)(2) of this title, the Secretary shall make elementary and secondary school emergency relief grants to each State educational agency with an approved application. The Secretary shall issue a notice inviting applications not later than 30 days of enactment of this Act and approve or deny applications not later than 30 days after receipt.</p> <p>(b) Allocations to states.—The amount of each grant under subsection (a) shall be allocated by the Secretary to each State in the same proportion as each State received under part A of title I of the ESEA of 1965 in the most recent fiscal year.</p> <p>(c) Subgrants to local educational agencies.—Each State shall allocate not less than 90 percent of the grant funds awarded to the State under this section as subgrants to local educational agencies (including charter schools that are local educational agencies) in the State in proportion to the amount of funds such local educational agencies and charter schools that are local educational agencies received under part A of title I of the ESEA of 1965 in the most recent fiscal year.</p> <p>(d) Uses of funds.—A local educational agency that receives funds under this title may use the funds for any of the following:</p> <p>(1) Any activity authorized by the ESEA of 1965, including the Native Hawaiian Education Act and the Alaska Native Educational Equity, Support, and Assistance Act (20 U.S.C. 6301 et seq.), the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) (“IDEA”), the Adult Education and Family Literacy Act (20 U.S.C. 1400 et seq.), the Carl D. Perkins Career and Technical Education Act of 2006 (20 U.S.C. 2301 et seq.) (“the Perkins Act”), or subtitle B of title VII of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.).</p> <p>(2) Coordination of preparedness and response efforts of local educational agencies with State, local, Tribal, and territorial public health departments, and other relevant agencies, to improve coordinated responses among such entities to prevent, prepare for, and respond to coronavirus.</p> <p>(3) Providing principals and others school leaders with the resources necessary to address the needs of their individual schools.</p> <p>(4) Activities to address the unique needs of low-income children or students, children with disabilities, English learners, racial and ethnic minorities, students experiencing homelessness, and foster care youth, including how outreach and service delivery will meet the needs of each population.</p> <p>(5) Developing and implementing procedures and systems to improve the preparedness and response efforts of local educational agencies.</p>					
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		<p>(6) Training and professional development for staff of the local educational agency on sanitation and minimizing the spread of infectious diseases.</p> <p>(7) Purchasing supplies to sanitize and clean the facilities of a local educational agency, including buildings operated by such agency.</p> <p>(8) Planning for and coordinating during long-term closures, including for how to provide meals to eligible students, how to provide technology for online learning to all students, how to provide guidance for carrying out requirements under the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) and how to ensure other educational services can continue to be provided consistent with all Federal, State, and local requirements.</p> <p>(9) Purchasing educational technology (including hardware, software, and connectivity) for students who are served by the local educational agency that aids in regular and substantive educational interaction between students and their classroom instructors, including low-income students and students with disabilities, which may include assistive technology or adaptive equipment.</p> <p>(10) Providing mental health services and supports.</p> <p>(11) Planning and implementing activities related to summer learning and supplemental afterschool programs, including providing classroom instruction or online learning during the summer months and addressing the needs of low-income students, students with disabilities, English learners, migrant students, students experiencing homelessness, and children in foster care.</p> <p>(12) Other activities that are necessary to maintain the operation of and continuity of services in local educational agencies and continuing to employ existing staff of the local educational agency.</p> <p>(e) State funding.—With funds not otherwise allocated under subsection (c), a State may reserve not more than 1/2 of 1 percent for administrative costs and the remainder for emergency needs as determined by the state educational agency to address issues responding to coronavirus, which may be addressed through the use of grants or contracts.</p> <p>(f) Reallocation.—A State shall return to the Secretary any funds received under this section that the State does not award within 1 year of receiving such funds and the Secretary shall reallocate such funds to the remaining States in accordance with subsection (b).</p> <p>higher education emergency relief fund</p> <p>Sec. 18004. (a) In general.—The Secretary shall allocate funding under this section as follows:</p> <p>(1) 90 percent to each institution of higher education to prevent, prepare for, and respond to coronavirus, by apportioning it—</p> <p>(A) 75 percent according to the relative share of full-time equivalent enrollment of Federal Pell Grant recipients who are</p>					
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		<p>not exclusively enrolled in distance education courses prior to the coronavirus emergency; and</p> <p>(B) 25 percent according to the relative share of full-time equivalent enrollment of students who were not Federal Pell Grant recipients who are not exclusively enrolled in distance education courses prior to the coronavirus emergency.</p> <p>(2) 7.5 percent for additional awards under parts A and B of title III, parts A and B of title V, and subpart 4 of part A of title VII of the Higher Education Act to address needs directly related to coronavirus, that shall be in addition to awards made in section 18004(a)(1) of this title, and allocated by the Secretary proportionally to such programs based on the relative share of funding appropriated to such programs in the Further Consolidated Appropriations Act, 2020 (Public Law 116-94) and which may be used to defray expenses (including lost revenue, reimbursement for expenses already incurred, technology costs associated with a transition to distance education, faculty and staff trainings, payroll) incurred by institutions of higher education and for grants to students for any component of the student's cost of attendance (as defined under section 472 of the Higher Education Act), including food, housing, course materials, technology, health care, and child care.</p> <p>(3) 2.5 percent for part B of title VII of the Higher Education Act for institutions of higher education that the Secretary determines have the greatest unmet needs related to coronavirus, which may be used to defray expenses (including lost revenue, reimbursement for expenses already incurred, technology costs associated with a transition to distance education, faculty and staff trainings, payroll) incurred by institutions of higher education and for grants to students for any component of the student's cost of attendance (as defined under section 472 of the Higher Education Act), including food, housing, course materials, technology, health care, and child care.</p> <p>(b) Distribution.—The funds made available to each institution under subsection (a)(1) shall be distributed by the Secretary using the same systems as the Secretary otherwise distributes funding to each institution under title IV of the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.).</p> <p>(c) Uses of funds.—Except as otherwise specified in subsection (a), an institution of higher education receiving funds under this section may use the funds received to cover any costs associated with significant changes to the delivery of instruction due to the coronavirus, so long as such costs do not include payment to contractors for the provision of pre-enrollment recruitment activities; endowments; or capital outlays associated with facilities related to athletics, sectarian instruction, or religious worship. Institutions of higher education shall use no less than 50 percent of such funds to provide emergency financial aid grants to students for expenses related to the disruption of campus operations due</p>					
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		<p>to coronavirus (including eligible expenses under a student's cost of attendance, such as food, housing, course materials, technology, health care, and child care).</p> <p>(d) Special provisions.— (1) In awarding grants under section 18004(a)(3) of this title, the Secretary shall give priority to any institution of higher education that is not otherwise eligible for funding under paragraphs (1) and (2) of section 18004(a) of this title of at least \$500,000 and demonstrates significant unmet needs related to expenses associated with coronavirus.</p> <p>(2) A Historically Black College and University or a Minority Serving Institution may use prior awards provided under titles III, V, and VII of the Higher Education Act to prevent, prepare for, and respond to coronavirus.</p> <p>(e) Report.—An institution receiving funds under this section shall submit a report to the Secretary, at such time and in such manner as the Secretary may require, that describes the use of funds provided under this section.</p>					
Jul-13-2020	CARES Act: USDA/RD - Rural Utilities Service: Distance Learning, Telemedicine, and Broadband Program - FY20, FY21, FY22, FY23, FY24	<p>NOFA in files below and at: https://www.rd.usda.gov/sites/default/files/USDARUS2020_DLT_FOAR2CARESActFunding_04142020.pdf</p> <p>CARES Act text: For an additional amount for Distance Learning, Telemedicine, and Broadband Program, \$25,000,000, to remain available until expended, to prevent, prepare for, and respond to coronavirus, domestically or internationally, for telemedicine and distance learning services in rural areas, as authorized by 7 U.S.C. 950aaa et seq.: Provided, That such amount is designated by the Congress as being for an emergency requirement pursuant to section 251(b)(2)(A) of the Balanced Budget and Emergency Deficit Control Act of 1985. Program Purpose: To prevent, prepare for, and respond to coronavirus, domestically or internationally, for telemedicine and distance learning services in rural areas, as authorized by 7 U.S.C. 950aaa et seq.</p>	<p>Eligibility: Healthcare Institution, Local, State, Territory, Tribe</p> <p>SLTTs</p>	<p>NOFA: https://www.rd.usda.gov/sites/default/files/USDARUS2020_DLT_FOAR2CARESActFunding_04142020.pdf</p>	<p>Total Funding: \$25,000,000</p> <p>Award Ceiling: Max Award not identified.</p> <p>Expected Number of Awards: Not identified.</p> <p>Type: Supplemental</p> <p>Cost Share or Matching Requirement:</p>		[Community Planning and Capacity Building]
Jul-13-2020	USDA/RUS - FY20 Distance Learning & Telemedicine Grants (10.855)	<p>The DLT Program provides financial assistance to enable and improve distance learning and telemedicine services in rural areas. DLT grant funds support the use of telecommunications-enabled information, audio and video equipment, and related advanced technologies by students, teachers, medical professionals, and rural residents. These grants are intended to increase rural access to education, training, and health care resources that are otherwise unavailable or limited in scope. Approximately \$71.7 million is available for funding opportunities under this FOA. Of that total, \$12 million may only be used for telemedicine and distance learning projects to help address the opioid epidemic in rural America. An additional \$9.4 million is intended for telemedicine projects that</p>	<p>Eligibility: For-Profit Organizations, Local, Nonprofit, Private, Public, Public/Private Institutions of Higher Education, State, Territory, Tribe</p> <p>Nonprofits that do not have a 501(c)(3) status with the IRS, other than institutions of higher education; State governments; City or township governments; Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education; Private institutions of higher education; Special district</p>		<p>Total Funding: \$71,700,000</p> <p>Award Ceiling: \$1,000,000</p> <p>Expected Number of Awards: 200</p> <p>Type: Funding Type not identified.</p> <p>Cost Share or Matching Requirement: Yes</p>	<p>dlinfo@usda.gov (DLT Help Desk) 202-720-0800</p>	[Community Planning and Capacity Building, Economic, Health and Social Services]

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		provide substance use disorder treatment services in rural areas. The remaining \$50.3 million is available for all eligible projects.	governments; Small businesses; Independent school districts; Native American tribal governments (Federally recognized); Public and State controlled institutions of higher education; For-profit organizations other than small businesses; County governments.				
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